


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009055

1. Entity Name
 IGLESIA BAUTISTA HISPANA DIOS TE AMA, INC.



Principal Place of Business Mailing Address

1000 U.S. HWY. 98 WEST P.O. BOX 568
 FROSTPROOF, FL 33843 US FROSTPROOF, FL 33843 US

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01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 16-1735746 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, RODOLFO
 716 S. LAKE REEDY BLVD.
 FROSTPROOF, FL 33843

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PACHECO, FRANCISCA
STREET ADDRESS	114 7TH PLACE
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	CAMPOS, RODOLFO
STREET ADDRESS	716 S. LAKE REEDY BLVD.
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	S
NAME	CAMPOS, MARIA
STREET ADDRESS	716 S. LAKE REEDY BLVD.
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rodolfo Campos Date: 2/02/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR